



PERFORMANCE HOCKEY CAMP MEDICAL FILE

This medical file is primordial to insure the security of your child
Please fill this up and bring it back to us completed the day of the
camp. Thank you

IDENTIFICATION :			
Name :		First name :	
Camp registered in :		Date of birth :	
Health care insurance number :		Expiration :	
1) Person to contact in case of emergency :			Relationship with the family :
Phone number :	Cellular :	Other number :	
2) Person to contact in case of emergency :			Relationship with the family :
Phone number :	Cellular :	Other number :	

MEDICAL DATA:		Oui	Non
Physicals :	Language trouble (dysphasia)	<input type="checkbox"/>	<input type="checkbox"/>
	Attention-deficit and or hyperactivity disorder	<input type="checkbox"/>	<input type="checkbox"/>
	Pervasive developmental disorder	<input type="checkbox"/>	<input type="checkbox"/>
	Others, elaborate :	<input type="checkbox"/>	<input type="checkbox"/>
Allergies :	Does your child have allergies	<input type="checkbox"/>	<input type="checkbox"/>
	If yes (elaborate) :		
Medications :	Does your child takes medications during activity hours	<input type="checkbox"/>	<input type="checkbox"/>
	If yes : Medication :	Posology :	
	Administration : The child himself <input type="checkbox"/> Monitor of the child <input type="checkbox"/> Adult responsible <input type="checkbox"/>		
	Does your child have an adrenalin dosage (Epipen, Ana-Kit)	<input type="checkbox"/>	<input type="checkbox"/>
	Administration : The child himself <input type="checkbox"/> Monitor of the child <input type="checkbox"/> Adult responsible <input type="checkbox"/>		
Activities :	Does your child have restrictions with physical activities	<input type="checkbox"/>	<input type="checkbox"/>
	If yes (please elaborate) :		

AUTORISATIONS :	
<p>Medical authorisation : I authorize Performance Hockey to give first aid treatment to my child if necessary. I also authorize the transport of my child by ambulance or any other way (at my expenses) and admit him to a health center. I also, in case of an emergency when I'm impossible to reach, I authorize the doctor chosen by the authorities to give my child the treatments needed in his health state (included a chirurgical operation, transfusion, injection, anesthesia, hospitalization, etc.)</p>	<p>Signature :</p> <p>Date :</p>
<p>Use of images authorisation : I authorize Performance Hockey to photograph and video tape my child during the activities at the camp. I understand that material can be used as publicity and promotion for Performance Hockey.</p>	<p>Signature :</p>